

PUBLIC HEALTH



LONDON: THE SOCIETY OF MEDICAL OFFICERS OF HEALTH
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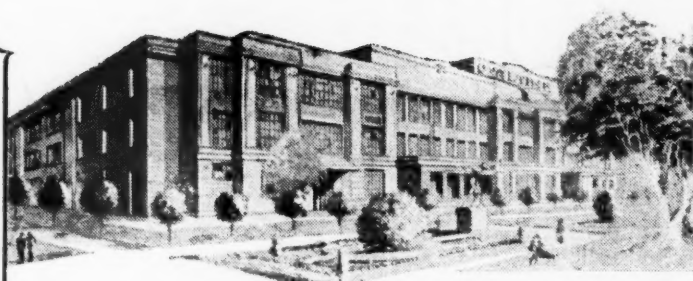
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To-day the whole question of tuberculosis in the United Kingdom is so grave that the apportioning of responsibility for the present menacing position by one group or another appears somewhat futile and academic. The greatest contribution we can make lies in spreading an awareness of the most urgent needs in this field of prevention. An adequate number of sanatorium beds for the isolation and closure of the open adult case of phthisis, coupled with a tremendous spurt in the housing drive, are the prime essentials. Then we must secure an adequate number of beds for children suffering from primary tuberculosis. It appears to us that a careful re-assessment of the *occupied* bed state of isolation and fever hospitals by Regional Boards and Hospital Management Committees would prove of considerable value. In many instances we believe such institutions may have only one-tenth, or even less, of their total beds occupied during an entire year. Clearly this is an "uneconomic" use of available beds. A sound case can be made out for the utilisation of at least part of such vacant bed accommodation by primary childhood cases of tubercle. Should any local epidemiological situation get out of hand, such beds can be evacuated at short notice and replaced by casualties of the current epidemic. It is time for the medical profession and the Press to realise how distorted is the picture they have presented about infantile paralysis. During the grave summer epidemic of 1947, only

267 deaths due to polyomyelitis were recorded under 15 years of age, and yet 2,000 children in the same age group die annually of tuberculosis.

Dr. Miller's paper is timely for another reason. It does help us to appreciate the need for national immunisation against tuberculosis. Such a B.C.G. campaign must not be restricted by the M.R.C. to the cloistered precincts of nurses' homes at teaching hospitals or the restricted circle of medical students, but embrace all the child contacts of adult index cases throughout the country. Finally, there is a very real need for a much more positive policy on the part of medical officers of health and local authorities on the examination of nursery nurses, teachers, catering workers and ancillary personnel in schools. Directors of education must be "educated" to appreciate the pitfalls of a single physical examination for superannuation purposes on appointment to a new post. The subject is lulled into a false state of security over his health, and the chances of an innocent "carrier" disseminating tuberculosis in the nursery class or lunch-room are too obvious to require emphasis. It is arguable that every adult in the above categories should be compulsorily X-rayed at least annually as a condition of employment. Such a demand by local authorities would, of course, have to be accompanied by the guarantee of a reasonable pension system until treatment was completed to the satisfaction of the clinician in charge.

Only by pursuing the most zealous and intensive campaign with chest physician, paediatrician and medical officer of health playing their respective roles can we hope to eradicate the "White Scourge" from our midst. It is to be hoped that the joint meeting between the Society and the N.A.P.T., of September 15th, reported in our October issue, will point the way to an improvement of the present situation.

Treatment and Rehabilitation of the Rheumatic

The first conference organised by the British Rheumatic Association, and held at the Chelsea Town Hall on September 28th and 29th last, produced interesting contributions addressed to a medical and lay audience with a specific interest in the chronic rheumatic diseases. Dr. W. S. C. Copeman, at the opening session, gave an interesting and lucid account of the discovery and development of Compound E by Drs. Hench, Kendall and other colleagues at the Mayo clinic, and he was particularly informative in setting out the reasons why sufferers from rheumatoid arthritis can have little hope of relief from this new remedy until the chemists have succeeded in synthesising it in sufficient quantities, first for adequate clinical trial and secondly for production at a commercial price. However, the story is reminiscent of the discoveries of insulin, penicillin and streptomycin, and there is undoubtedly a new hope for controlling this very prevalent disabling disease.

Dr. W. S. Tegner, secretary of the International League against Rheumatism, spoke on an aspect which may concern the local health authorities, *i.e.*, the care of the rural patient. He emphasised how, at the Mayo clinic, no patient was discharged home before having heard a series of lectures on his disease and methods of controlling it. He paid tribute to the old-fashioned domestic methods which have still so much value for the rural patient to whom the full range of physiotherapy cannot be available. So the armamentarium in his list included the hot-water bottle, the hot brick wrapped in flannel, and the appropriate use of the flat-iron. He was followed by Dr. A. B. Williamson (Leeds Regional Hospital Board), who gave an encouraging account of his Board's scheme, which is to include nine peripheral clinics at industrial centres and three others placed with an eye to serving rural areas. The Leeds scheme is fortunate in being backed up by the resources of physical medicine at the Leeds General Infirmary and the Royal Bath Hospital, Harrogate. Out-patient clinics have also been established in Harrogate, and permission has been obtained from the Ministry to take over a large hotel for the ambulant type of case with prospective accommodation for 160 patients.

The conference also heard an account from Air-Commodore G. O. Venn, executive director of Remploy, Ltd., of developments in his undertaking's factories, which employ in develop-

work the registered disabled who cannot compete in open industry. The Remploy programme envisages 137 factories, of which 20 will be reserved for the tuberculous. So far, 3,000 disabled persons are at work in the 62 factories already established, and nine more are in process of staffing and equipment. The classes being catered for include epileptics, diabetics, paraplegics and cardiac sufferers. This valuable scheme is not yet economically self-supporting, but is already showing a fair amount of financial success. Remploy, Ltd., is also operating a "homework" scheme in ten districts, the main difficulty here being to find articles which can be made at home and also find a market.

OBITUARY

HARRY SMITH, M.R.C.S., L.R.C.P., D.P.H.

We regret to record the death of Dr. Harry Smith on September 16th at the early age of 48, 18 months after he had become the first Divisional Medical Officer, under the new scheme, of the L.C.C. Health Division, No. 7, comprising Chelsea, Fulham, Hammersmith and Kensington. A Bari's graduate, he had been in the L.C.C. service since 1938, after previous experience in general practice and in public health at Plymouth and Portsmouth. He became a Divisional M.O., L.C.C., in 1941 (the responsibilities then being mainly in connection with school health), and a principal assistant in 1946. But his final appointment, in which he became responsible for all personal health services, with the co-operation of the medical officers of health in the boroughs of his division, was one for which he was particularly fitted by his likeable character and personal qualities. He had been a Fellow of the Society since 1938.

WILLIAM STEWART, M.D., M.Ch., R.U.I.

Dr. William Stewart, whose death occurred on September 3rd, was one of the diminishing number of busy general practitioners who took an active part in public health, in his case as medical officer of health for Denton urban district from 1910-39. An Ulsterman, he graduated at Queen's University, Belfast, in 1887, and came to Denton in the following year. He received an illuminated address in 1945 in recognition of his services as general practitioner and M.O.H. He had been a Fellow of the Society since 1928.

GEOFFREY COMMELINE WILLIAMS, O.B.E., M.A. (CANTAB.), M.A. (OXON), M.R.C.S., D.P.H.

The death on September 21st at the early age of 57 of Dr. G. C. Williams, senior administrative medical officer to the Oxford Regional Hospital Board, will be much regretted by his former colleagues in the public health service, in which he was well known in his period as medical officer of health for the City of Oxford from 1930 to 1947. He was born in Gloucestershire and educated at Clifton College, Caius College, Cambridge and Bristol where he qualified in 1916. He served in the R.A.M.C. in World War I and took the D.P.H. Bristol in 1921. After a spell on the staff of Bristol City fever hospital and sanatorium he came to Oxford in 1921 as assistant M.O.H. and later became deputy. In his period as M.O.H. he was active in connection with the surveys carried out by the Nuffield Provincial Hospitals Trust in Bucks, Berks and Oxon, so that his appointment as first senior administrative medical officer to the new Regional Board was not unexpected. He was a first-class administrator and much liked by all with whom he came in contact for his personal qualities. He will be particularly missed by his former colleagues in the County Borough M.O.H. Group, who had an enjoyable and successful meeting in his City in 1945. Dr. Williams received the M.A. degree of Oxford by incorporation in 1937. He was a Fellow of the Society since 1920.

He leaves a widow and daughter, to whom we extend deep sympathy.

The Annual Dinner.—Applications for places should reach the Executive Secretary (with remittance of 22s. 6d. for each ticket required) not later than November 18th. The dinner is to be held at the Piccadilly Hotel, W.1, on Thursday, November 24th, at 7 for 7.30 p.m.

M. & C.W. and School Groups.—Members are cordially invited to the meeting of the Home Counties Branch at the London School of Hygiene, Keppel Street, W.C.1, on Friday, November 11th, at 3 p.m., when Prof. T. McKeown (Prof. of Social Medicine, Birmingham University) is the speaker.

Dr. J. H. Sheldon (Wolverhampton) is to give a lecture on "Some Problems of Old Age" at the London School of Hygiene on Thursday, December 1st, at 5.30 p.m.

BRIDGING THE GAP *

By H. C. MAURICE WILLIAMS,
O.B.E., M.R.C.S., L.R.C.P., D.P.H.,

*Medical Officer of Health, County Borough and Port of
Southampton*

When it came to choosing a subject for my Presidential Address, my first intention was to avoid the National Health Service because it has already been so widely discussed.

However, on reflection, I felt that as our everyday professional lives have been so radically altered by the new medical set-up, it was difficult to refrain from making some observations on a matter that concerns us so intimately.

There has undoubtedly grown, within the last 12 months, a profound despondency amongst our members about the future of the public health service. This has been reflected by a diminution in the number of students entering for the diploma, and in the poor response of applicants for the junior posts.

This state of mind is not surprising when we see month after month an efficient organisation, built up throughout the years by hard work and sound judgment, disintegrating before our eyes. Even those of us who administer the services of a local health authority find our departments a mere shell of their former structure.

This dismal outlook must, however, be dispelled. Otherwise it will become a grave threat to the future of our service. It will cause a lack of interest in, and enthusiasm for, our work, and eventually influence public opinion into believing that we have outlived our usefulness.

Inspiration from Public Health History

We must take encouragement from a study of the work of our predecessors, not alone the national pioneers like Neil Arnott, John Simon and Southwood Smith, but also from the achievements of men long ago forgotten who held the posts in the towns and districts which we now occupy.

You will find, as I found in perusing their reports, a wealth of useful information, a stimulating study, and one which shows how by their energy and foresight they overcame the obstacles in the struggle for better living conditions for the people. One reads also of the difficulties they encountered in combating epidemic diseases. By their efforts they eventually succeeded in making England the first country in the world to control communicable diseases by sanitary principles.

Shaping Our Attitude to the New Service

We must re-orientate our concept of public health and in many ways alter our professional character to meet the changed conditions. The medical officer of health will need a keen imagination.

The task that now faces us is to enter fresh fields of activity. We must carry out research into the causes and prevention of many illnesses still unexplained in the present-day social structure. The people must be taught to use the medical services now provided widely and unselfishly, and all our efforts should be directed to improving the existing services to a maximum degree of efficiency because, as experienced administrators, we should be able to assist in bridging that gap which now exists between the hospital, the local health authority and practitioner service.

The conception of a comprehensive medical service was an all-party policy, and was finally brought into being by a democratic government decision. As a Society, we supported a full-time State Medical Service. It is true that our plan differed in many respects from that which has been adopted. It is disturbing to find that the maintenance of health has not been given the same consideration as the cure of disease. Yet the present national expenditure can be justified only on the basis that the essential aim of the service is to prevent illness. In the short trial period there is already an indication that prevention of illness is not being fulfilled. The number

away from work or confined to their homes because of sickness has increased by 25%, and 10% more people consulted their doctors in England and Wales than in comparable periods of the two preceding years. The present scheme does nothing to prevent the abuse of absenteeism for minor ailments.

The continuance of competitive medical practice, with every facility for transfer from a doctor who displeases the patient, is not conducive to an efficient organisation, or a check on unwarranted sick leave. The loss to industrial production by illness amounts to three hundred million pounds a year.

There are bound to be a lot of grievances and anomalies and much frustration in such a complex machine, which only a few months ago celebrated its first anniversary. The bigger the structure the more obvious the defects, and it is these that I hope we can to a certain extent help to eliminate or at least ameliorate by finding a kind of Ariadnean thread out of this maze.

Our training and experience in communal health has made us realise that the happiness and future of the people is dependent on health, education, working capacity and social security.

There is little doubt that for a great proportion of the population relief from sudden crippling hospital or doctors' fees is a boon. It is hoped that the boon is not illusory, and that the people in the future are going to get a better medical service than that which they got through the panel, the hospital contributory schemes and the local authorities. The country's reaction to the scheme can be judged by the fact that 95% of the total population has already registered with their medical practitioners.

Meeting the Bed Shortage by Home Nursing

One of the major problems of the new service is the provision of beds to meet the ever-increasing demand for institutional treatment. There are over 57,000 vacant beds which cannot be used because of the lack of trained staff. At the present time there are 137,000 nurses in the country.

During the last six months, 5,600 more have joined the service, but, even with this recruitment, there is still a deficiency of 46,000. This deficiency of nursing personnel is aggravated by the longer holidays and shorter periods of duty which have justly been introduced during recent years.

However, some hospital management committees are introducing concessions as an inducement to recruitment which, in my view, are not helpful but may even be harmful, and would not be acceptable to any university or training institution who has accepted the parental responsibility for the students during a period of study and training.

Local health authorities, I think, can help to ease this pressing demand for hospital beds by increasing their domiciliary nursing services, not by depleting the existing hospital staffs, but by encouraging part-time married nurses who, because of domestic obligations or other reasons, are unable to give service in the hospitals. Arrangements should be made to localise their nursing areas within easy reach of their homes and adjust their hours of duty to meet their domestic convenience. This increase in the domiciliary nursing service will give relief to many patients who are unable to gain admission to hospital.

There is at the present time an appreciable wastage of trained nurses in some of the factories, where many are doing work of a minor character that could be undertaken by persons experienced in the first aid working under the supervision of one qualified nurse.

The same applies to many of the shipping companies, some of which, in addition to carrying trained nursing sisters, give preference for posts as stewardesses to persons with nursing qualifications.

Working alongside the domiciliary nursing service, there should be an efficient home help pool and an extension of the home meals service. Training centres should be established in all the larger areas to give these women instruction in the domestic duties which they are expected to undertake.

Many of the aged and infirm could thus continue to live in their own homes or rooms, which is what most of them

* Presidential Address to the Society of Medical Officers of Health, London, October 20th, 1949

desire, and thus relieve the pressing demand which now exists for their admission to hostels and homes for the aged.

The M.O.H. and Hospitals

Our functions as medical officers of health were affected considerably by the Local Government Act of 1929, which linked us with the general hospitals, because at the time we were the only administrative machinery capable of undertaking the work.

The intrusion of the medical officer of health into the field of curative medicine may have been resented by some of his clinical colleagues. Nevertheless, I think we can rightly claim that during that short period of ten years up to the outbreak of war most of the publicly owned hospitals appropriated by health authorities made considerable development under our guidance.

I am not disputing that the merging of the voluntary and general local authority hospitals under regional authority was not a logical policy, but it was undoubtedly an administrative blunder to include the infectious diseases hospitals with their complete severance from the field work and environmental factors which remain the responsibility of local authorities.

The intense individualism displayed by some of the general hospitals, both voluntary and public, impaired their efficiency by a lack of co-operation, but this did not apply to the fever hospitals and sanatoria because they had always been accepted without question since their inception as the responsibility of the health authorities.

These institutional resources were of great help in preventive measures, but now, although the medical officer of health is still responsible under the Act for the ascertainment and control of epidemic diseases within his area, he will find it difficult to retain his status or even his knowledge of these conditions without an active participation in the administrative and clinical work of these hospitals.

Even in our generation this administrative error may be fully realised, and I hope corrected, but in the meantime there is a grave threat that the medical officer of health may be displaced in his field work by the general physician and paediatrician, and the medical superintendent on the administrative side by a lay secretary.

It was once said that "Impudence emboldens a man to undertake any task however so unequal to his abilities, and carries him through with spirit and alacrity."

The medical officer of health must not be disturbed in a branch of medicine which has traditionally by his training and experience been one of his principal responsibilities. The paediatricians must remember that in many of the infectious diseases the incidence is higher in the adult population than in children. The epidemiological unit is a number of individuals making up a population, and needs more than the clinical diagnosis or treatment of the individual case.

The success of the new health service will to a great extent be dependent on the reciprocal concessions made between various branches of the profession and not by encroachment.

The administrator-clinician has for some inexplicable reason been given a poorer status than the specialist clinician, however limited the latter's speciality.

This grading is unique to the health service, and contrary to the policy adopted in other nationalised services, or indeed in the successful working of undertakings controlled by private enterprise.

Already some senior medical officers of health undertaking part-time work in the fever hospitals on behalf of the regional hospital boards, generally without personal remuneration, have found themselves graded by the professional review boards for this work below the grade enjoyed by many of their former assistants who have been transferred to the regional boards. This may have serious repercussions on the future status of the medical officer of health.

The Tuberculosis Service

The tuberculosis service, which was part and parcel of preventive medicine, has also been mainly divorced from its

former partner with only a small obligation to continue the social and environmental interest in this community disease.

The change of designation of the responsible officer to that of chest physician will in itself encourage a tendency to concentrate on the more spectacular curative side of the work.

There is a danger that the all-important predisposing conditions will be given second place. Tuberculosis is still a menace to the nation, as evidenced by the 22,000 deaths which occurred in England and Wales in 1948.

Wade Hampton Frost, the distinguished American epidemiologist, epitomised the position when, in 1937, addressing the State and local Committees on Tuberculosis in New York, he said:

"The years that have elapsed since the campaign began have extended our knowledge of tuberculosis in every direction. They have brought improvement of great importance in methods of diagnosis and treatment, and have seen the building up of a tremendous machinery for the care of the tuberculous, but they have not brought forth any really new principle of prevention; they have produced no well proved and dependable method for lasting and effective specific immunisation by artificial means, and no simple specific cure for the disease. Thus, while organisation and weapons have been improved, the essential strategy of the attack against tuberculosis remains the same as it was 50 years ago. The main objective is still avoidance of exposure, and the strategy is still that of a frontal assault on discoverable sources of infection. From the standpoint of prevention, curative treatment and measures designed to increase resistance to infection must be regarded as supplementary."

In my view, it is imperative that the chest physician should attend the special care sub-committees constituted by the local health authorities to advise and assist the medical officer of health on the factors influencing the incidence of tuberculosis within the area. The essential thing is team work which we have known in the past and which must continue in the future.

Health Centres

For a few moments let me direct your attention to the question of health centres.

Their conception was accepted with unanimity by every branch of the profession, as essential units in the framework of domiciliary practice.

Their structure, location and operation were naturally the subject of varied opinions.

During recent months there has developed a marked change in the attitude of many of the practitioners towards these centres. This may be due to the fact that it is now easier to obtain building licences for the extension of their own surgeries, or it may be due to the easing of their domestic problems. Moreover, some of them hesitate because of the uncertainty of rental charges, income tax allowances and rota obligations.

The need for the provision of health centres is so imperative to the successful operation of the practitioner service that we, representing local health authorities, should press for their early erection and be satisfied with buildings of a less elaborate type than those we had originally envisaged.

In normal times, buildings designed for health work should be super-attractive, and even extravagant in structure and equipment; but to-day, with the high priority for housing, schools and factories, we must cut our coat according to our cloth, otherwise the whole scheme of health centres is doomed to failure unless we can get them erected within a reasonable time while the doctors are still in the mood to use these centres. In my area, we plan to erect five principal centres to serve areas containing populations of approximately 40,000 to 50,000. These will contain accommodation for practitioners, specialists' clinics, and local health services. In each of these five areas, there will be smaller centres to serve approximately every 10,000 of the population, which will consist of consulting and waiting rooms for four to six doctors, plus accommodation for child welfare services.

The additional statutory duty of care and after-care should give local health authorities ample scope for social work. Clarification is needed by the Ministry of Health on the permissive extent of this work, and stupid quibbles about convalescent and holiday homes and the inclusion of the scheme for the supply of milk to tuberculous patients settled on the grounds of administrative efficiency and not on financial considerations between the State and local authority.

Getting the Right Health Workers

When we get into our stride, this important work of care and after-care will require an efficient organisation of health workers. A decision on the training background for the health visitor and the sanitary inspector, or, as I prefer to call the latter, health officer, is of extreme importance. Most are agreed that for the health visitor a basic nursing training and a good knowledge of midwifery are essential. Careful selection of pupil health visitors, with the personality to make the right approach to the people, women with common sense, and a good general knowledge, are of greater importance than an advanced knowledge of political philosophy and economic history.

The technique practised by some social workers with high academic distinctions is generally not acceptable to the Mrs. Jones or the Mrs. Smith living in Paradise Terrace, who seek advice on the every-day problems of family life.

The sanitary inspectors' training also requires revision if they are to continue as health investigators. A fuller understanding of medical and social problems, particularly nutrition and bacteriology, will be necessary. Much of the work of drain inspection and house construction might appropriately be undertaken by departments better qualified to supervise this type of work.

Some Warnings

Finally, let me touch briefly on some of the other principal services that remain with the local health authorities.

The demands on the ambulance and hospital car services have far exceeded expectation. Although most of the long distance cases travel by train, there are occasions when ambulances have to be used, and in such cases I suggest a notification should be sent to the local health authorities en route, in order that the ambulance can be utilised should there be a case for transference to any place through which the ambulance will pass on its return journey.

The disastrous collapse of the school dental service should be a warning to those responsible for the future of the health scheme to think again before suggesting any alterations which will bring what is left of the school health and child welfare services into the same state of chaos.

The family unit idea of medical care by the general practitioner is, in theory, a reasonable conception, but in practice the ascertainment and follow-up of defects in children, many of whom belong to apathetic parents, required an organisation capable of a systematic check on the periodical medical inspection and the correction of the defects found.

There should be, of course, an interchange of clinical information between all the doctors concerned, local authority, general practitioners, and hospital officers. For now there can be no complaint of encroachment on private practice by the continuance of our clinics which give relief to the over-worked practitioners and the hospital out-patients.

It is unlikely that the full-time dental services of local authorities will be rehabilitated for a long time, for the meagre remuneration in comparison with private practice will naturally deter dental surgeons from entering this branch of the profession. The only solution I see to ensure the early treatment of the priority classes is to make it an obligation upon dental practitioners who have entered the National Health Service to devote one or two sessions each week for work in the local authorities' dental clinics on a sessional basis.

Unexplored Fields

As I said earlier in this paper, there are still many unexplored fields for the medical officer of health in his work of acquiring an accurate knowledge of the influences, social, environmental

and industrial, which may operate prejudicially to health in his area.

A closer link with industrial medicine, and investigations into the increased incidence of psychosomatic diseases, which play such a big part in the present day sickness rates, are necessary.

An extension of the mental health services, a reduction in the accidents that occur in the home, the care of the aged, are but a few of the many conditions that require attention.

The promise of information from the Ministry of National Insurance relative to morbidity statistics should help to assess the local influences causing sickness in our areas.

For this reason it will be necessary to have trained statisticians reinforced with all the mechanical aids to correlate the information for consideration and presentation.

These facts will serve as precursors of prevention as long as we are prepared and equip ourselves for their proper interpretation, for, as Pasteur said: "In the fields of observation chance only favours the mind which is prepared."

I hope that the one or two suggestions that I have made in this Presidential Address may contribute something towards bridging the gap in this canyon of administrative complexity, and that we, as an essential branch of the medical profession, may, during the coming year, see a renaissance of our status and a recognition of our worth commensurate with our responsibilities, always remembering the words of Home, "Things past belong to memory alone. Things future are the property of hope."

DISCUSSION AND VOTE OF THANKS

Dr. W. G. Clark said that he was glad to note the President's references to the inspiration to be gained from their predecessors in public health. He himself thought with gratitude of the work of J. B. Russell and A. K. Chalmers in Glasgow. These men had realised the importance of a close knowledge of the homes of the people. He thought that Scotland was fortunate in two respects of its N.H.S.A. that the difficult subject of development of health centres was not a local authority responsibility and that the teaching hospitals were part of the general hospital scheme.

Prof. R. H. Parry thanked the President for his comprehensive review and agreed with Dr. Clark's point about knowledge of the people's home conditions. Unfortunately the M.O.H. could only enter the house as a sanitary officer although he could gain much information through his health visitors. It was important that the M.O.H. should acquire more knowledge of the health of families. The right use of all the information which flowed into a health department, from health visitors, general practitioners and hospitals, was essential if they were to achieve the research which was much talked about but not often put into effect. In Bristol they had recently appointed a medical records officer whose duty it was to draw attention to significant aspects of the mass of information required. Statistical advice was becoming an essential in public health work. He asked Sir Wilson Jameson to consider whether the Ministry could issue some guidance on the kinds of problem on which local research might be useful and the form which reports should take.

Dr. J. A. Struthers said that this was one of the most forthright addresses to which he had ever listened. He was very much aware of the fragmentation in medicine and in the public health service and asked that the point of view of the so-called minor authorities should not be forgotten.

Sir James Wilson said that he had great pleasure in moving the vote of thanks for this Presidential Address, which had dealt with the subject of the new health service so fairly. The fact that the Act of 1946 had not laid more stress on prevention as compared with treatment was really a compliment to the great achievements of preventive medicine which had not left so much leeway to be made up as there was in the case of hospital provision. The public health service was now back where it was before 1929, but with added powers and responsibilities. He did not think that the infectious disease hospitals could be retransferred to local authorities as an isolated section of the hospital system, since treatment of these diseases would become more and more a function of general hospitals. However much the M.O.H. might regret the loss of the infectious disease hospital, it was an inevitable step. The whole medical profession was of course in the state of upheaval and upset which was the immediate effect of a revolutionary change in the national policy, but he was convinced that the scheme of the 1946 Act, with suitable amendments, would prove a good and workable one in the course of time. He would still advise young practitioners to enter public health work, whose status and remuneration

would get the recognition that it deserved. Public health still offered vast opportunities for valuable public service. Another disturbing factor had been the changes or rumours of changes in local government functions, which were particularly felt by medical officers whose careers were bound up in that service. He again thanked the President for his fair and constructive criticism and moved a hearty vote of thanks.

Sir Allen Daley, seconding, said that the address had contained the fruits of the President's ripe experience gained in the great town and port of Southampton. Dr. Williams' references to the National Health Service reminded him of the comment made by the U.S. Congressmen who had recently visited England. They had been impressed by the frank criticism made by many who were taking part in its operation, and had said that if the situation had been reversed there would be a sort of conspiracy to make out that the scheme was perfect. The President's address presented the British attitude of constructive criticism.

The vote of thanks was carried by acclamation and the President briefly replied.

PROFESSOR PARRY ON GREEK HEALTH INSURANCE

On his return to Bristol after four months' work with the Economic Co-operation Administration to Greece, Professor R. H. Parry, who had been advising on the setting up of a comprehensive health service for insured persons in that country, addressed the City Council and chief officers and described the work of the Mission.

"The Americans in Greece," he said, "are supplying the means in brain, cash and kind to help raise the country from its present depressed state to prosperity. I was much impressed by the leaders of the Mission and the altruism with which they are bending to their tasks. Among these is that of reorganising the Institute of Social Service established in Greece some years ago. As the result of the war and the occupation and internal political intrigues of all kinds it had become obvious to the workers and to the Government that the people who were getting least out of the insurance scheme were the contributors. There were literally dozens of funds each with its own administrative set-up. Mr. Oscar Powell, a former Chief of Social Insurance to the U.S.A. and a friend of Lord Beveridge, took on the task of reorganising this system and it was to advise him on the medical aspects of the problem that my services were required.

"Insured persons, according to the law, were entitled to a free comprehensive medical service. Some dependants were entitled to a more limited medical service (advice and treatment out of hospital). It is the intention to provide a comprehensive scheme for medical service to all dependants of the insured people and to extend the opportunity to insure to further groups of workers. In effect this must ultimately result in providing a free comprehensive medical service to more than half the people of Greece."

Prof. Parry explained that in many of the provincial towns of Greece hardly any medical services existed—the private doctors struggled against great odds, depending entirely upon their resources. In one town with a population of 20,000, nearly all working class, they had one hospital of 40 beds, which belonged to the local authority but was subject to the control of the Ministry of the Interior. The local authorities were so poor, having hardly any sources of income, that they were quite unable to provide the services they would like. In this case the hospital board could not afford to feed the patients, so they had to get their relations to bring them their food. There was an x-ray machine of a kind, but no one to work it. The hospital, however, was built with the usual Greek taste for beauty on a lovely site and it could be modernised and staffed properly if the finances were forthcoming. Four months ago an offer was made by the E.C.A. Mission on behalf of the Institute of Social Service to take over and provide, after extending it, a first-class service, in and out patient, for all the people of the town.

All this should mean legislation—shortly, he hoped—and after that hospitals would be taken over by independent bodies as the country could not possibly afford to duplicate facilities because of lack of understanding between the different bodies. On the whole, the attitude of the profession was very similar to that of the majority of its members in this country—their chief aim was service for their patients and they gave well under difficult circumstances.

"One of my greatest pleasures," said Prof. Parry, "was to plan several health centres for general practitioners—one in Heracleon

(Crete), one in Volos, one on the Attica Peninsula and several in Athens, from which the general practitioners will provide both treatment and organised preventive services. Sites have already been found and the architects are at work. I hope one day to be able to go and see them operate.

"There are some relief organisations doing good work in Greece—others just wasting their money. There are tens of thousands of refugees from the villages in the small provincial towns. I was quite unable to find any reliable statistics regarding the health of the people."

Prof. Parry finally quoted from the report published in a Greek newspaper of an interview he had given to the Press shortly before leaving the country, in which he had said: "In the matter of home visiting and dispensary treatment the competent doctors are the general practitioners. In these two most important spheres of social policy (home visiting and dispensary treatment) much remains to be done in Greece and the family doctor can play an important part.

"I would wish to see the specialists of Athens much more interested in small hospitals and health centres in the country towns in Greece. By personal visits they would be able to perceive the needs and administrative and organisation problems of these health units. For the achieving of a general improvement of medical services all the scientific medical authorities of Athens must help, even to the detriment of their personal interests. I believe that this appeal will find echo in their hearts and be readily accepted. Happiness without health is impossible and equally impossible is the maintenance of health and prevention of disease in a people without continuous inspiration from the top men of its medical profession."

A letter from Sir Wilson Jameson (C.M.O., Ministry of Health) to the Town Clerk quoted an appreciation of Prof. Parry's work by Mr. O. M. Powell, Director of the E.C.A. Mission to Greece, saying: "I am sure that his advice and help—his frank and good humoured approach—will have a deep and lasting and beneficial influence on the course of health insurance in Greece. If, next spring, he could come again for a short time to check on progress, I believe his work here would benefit greatly."

BOOK REVIEW

B.C.G. Vaccination in Theory and Practice. By K. NEVILLE IRVINE, M.A., D.M. (Pp. 130. Price 9s. 6d.) Oxford: Blackwell Scientific Publications. 1949.

In the field of public health, vaccination against smallpox has had a somewhat chequered career, while the diphtheria campaign has met with medical acclaim and an excellent public response. Very shortly, limited trials in the use of B.C.G. are to open in this country as a result of a recent decision of the Ministry of Health. All public health workers, phthisiologists, pediatricians, and general physicians must therefore become more familiar with the history, the administration and organisation, the indications, and complications of this additional method of combating tuberculosis. Hence Dr. Irvine's new volume on "B.C.G. Vaccination in Theory and Practice" is timely and is certain to find a wide and ready sale.

Perhaps the outstanding merit of this volume is that it is small, compact and readily assimilable in the course of a few hours' concentrated reading. The author has had a difficult and perplexing task in covering a very wide bibliography bristling with the polemics of the vaccinationists and the antivaccinationists. Even in this country we have had two most scholarly and yet contradictory papers during the past three years by men of the eminence and scientific integrity of Professor Wilson and Professor Tytler. Yet despite being an ardent protagonist of B.C.G., Dr. Irvine has dealt fairly and impartially with the very conflicting evidence that has come to light from a score of countries and many hundred independent investigators. No doubt further editions will follow and it is to be hoped that at least one chest skiagram will be included to demonstrate the axillary glandular enlargements which are often to be observed after the allergic phase. Again, the author would be well advised to introduce one or two simple illustrations on the intradermal (Holm) and the Rosenthal and Birkhaug multiple puncture techniques. This it is felt would add greatly to the lucidity of the text and perhaps another small item which might usefully be remedied would be a brief note on the colour and margins of the allergic response in the B.C.G.-vaccinated subject.

Despite these very minor criticisms, this is a most valuable monograph which should find a place in all medical and public health libraries.

THE SOCIETY OF MEDICAL OFFICERS OF HEALTH

Annual Reports of the Council, the Honorary Treasurer and the Editor of "Public Health," together with the Balance Sheet and Income and Expenditure Account, for presentation to the Annual General Meeting, November 24th, 1949, at 5 p.m.

ANNUAL GENERAL MEETING

Notice is hereby given that the Annual General Meeting of the Society will be held at Tavistock House, Tavistock Square, London, W.C.1, on Thursday, November 24th, 1949, at 5 p.m.

AGENDA

- Minutes.
- Correspondence.
- To receive Annual Reports of the Council, the Honorary Treasurer and the Editor of PUBLIC HEALTH for the session 1948-49; and to adopt the Balance Sheet and Income and Expenditure Account for the year ended September 30th, 1949.
- Election of Auditors.
- Election of Fellows and Associates (see list on page 29).
- Nomination of candidates for election.
- Election of fully paid Life Members on the recommendation of Council and their Branches as follows:—
Home Counties Branch
 Dr. W. A. Bullough (formerly C.M.O.H., Essex): joined Society 1916.
Southern Branch
 Dr. A. E. Druitt (formerly A.C.M.O.H., Hants): joined Society 1913.
Welsh Branch
 Dr. H. R. Tighe (formerly M.O.H., Swansea C.B.): joined Society, 1920.
 8. Any other business.

By Order,

G. L. C. ELLISTON,

Executive Secretary.

Tavistock House,
 Tavistock Square,
 London, W.C.1.
 October 27th, 1949.

ANNUAL REPORT OF THE COUNCIL, 1948-49

New Members and Resignations

During the past session 136 new Fellows and 13 Associates have been elected to membership, a total of 149. This compares with 173 new members in the preceding session and 270 in the exceptional year 1946-47 when the Society was recovering its strength after the war.

Seventy-six resignations were accepted during the session; four members had their names removed from the Register for non-payment of subscription. Of the resignations many were from former Tuberculosis Officers or Medical Superintendents of sanatoria and Isolation Hospitals now transferred to the Hospital Service.

Twenty-eight members were elected to fully paid life membership on their retirement from active work on the recommendations of their Branches and of the Council.

Deaths

The Society mourns the deaths of the following 26 members:—
 Dr. Andrew Connal, O.B.E. (A.M.O.H., Stewartry of Kirkcudbright);
 Dr. F. J. H. Coutts, C.B. (formerly Senior M.O., Ministry of Health);
 Dr. E. J. Cross, T.D. (formerly M.O.H., St. Neots U. & R.D.s);
 Dr. J. R. Currie (formerly Henry Mechan, Professor of Public Health, Glasgow University);
 Dr. James Ferguson, C.B.E. (formerly C.M.O.H., Surrey C.C.);
 Dr. B. G. Forman, M.B.E. (M.O.H., Scalby U.D.);
 Dr. A. Mearns Fraser (formerly M.O.H., Portsmouth City and Port);
 Dr. W. J. Frazer (M.O.H., Batley M.O.H., Heckmondwike U.D.; and Divl. M.O., West Riding C.C.);
 Dr. C. F. Good (M.O., Ministry of Health);
 Dr. S. M. Green (Part-time M.O.H., Prescott U.D.);
 Maj.-Genl. J. P. Helliwell, C.B.E. (Cons. Dent. Surg., L.C.C. and Col. Command Army Dental Corps);
 Dr. J. L. Hill (M.O.H., Eton District);
 Dr. A. E. Hodgson (Med. Supt., City Hospital, Farnley);
 Maj. R. W. H. Jackson, R.A.M.C. (formerly Specialist Health Officer, Calcutta);
 Dr. J. H. Lawrence (A.M.O.H., Grade I, North-Eastern Fever Hospital);
 Dr. G. J. I. Linklater, O.B.E. (A.M.O.H., i/c School Medical Service, City of Edinburgh);
 Dr. J. F. Martin (M.O.H. & S.M.O., Dudley C.B.);
 Sir Frederick Menzies, K.B.E. (formerly M.O.H., L.C.C.);
 Dr. W. M. Robertshaw (M.O.H., Stockbridge U.D.);
 Dr. A. H. Shennan (M.O.H., Bulawayo);
 Dr. H. C. Simpson (A.M.O.H., Cumberland C.C.; M.O.H., Wigton R.D.);
 Dr. Harry Smith (Princ. A.M.O., Public Health Dept., L.C.C.);
 Dr. W. G. Southey (A.M.O.H.,

Grimsby C.B.);
 Dr. Wm. Stewart (M.O.H., Denton U.D.);
 Dr. G. C. Williams (Senior Admin. Officer, Oxford Regional Hosp. Board);
 Dr. W. G. Willoughby (formerly M.O.H., Eastbourne C.B.; President of the Society, 1910-11).

Present Strength

The above additions and losses represent a net increase of 73. The membership at September 30th, 1949, stood at 2,128, made up as follows:—

Honorary Fellows	...	...	...	8
Subscribing Fellows	...	...	...	1,797
Subscribing Associates	...	...	...	193
Fully Paid Life Members	...	...	...	130

Meetings of the Society, the Council and Committees

The first Ordinary Meeting for the installation of the new President was held on Thursday, October 14th, following an Extraordinary Meeting for the passing of the amendments to the Articles of Association. At the Ordinary Meeting, Prof. R. H. Parry, F.R.C.P., was installed by the retiring President (Dr. F. Hall) and delivered his Presidential Address entitled "The Task Ahead," published in PUBLIC HEALTH, November, 1948. Other meetings were the Annual General Meeting held on November 18th, 1948, an Ordinary Meeting on February 17th, 1949, when Dr. C. A. Boucher, of the Ministry of Health, read a paper entitled "Can the M.O.H. help to prevent home accidents?" (published in PUBLIC HEALTH, March, 1949), and a meeting on May 20th, the main business being the election of the President for 1949-50, Dr. H. C. Maurice Williams being unanimously elected on the recommendation of your Council. No provincial meeting was held during the session as the President was absent during the summer months in Greece, where he was adviser on medical and hospital services to the Economic Co-operation Administration Mission. A very successful joint meeting was held on September 15th, 1949, with the National Association for the Prevention of Tuberculosis to discuss the local authorities' responsibilities in regard to care and after-care of tuberculosis. (This meeting was reported in PUBLIC HEALTH, October, 1949.)

The Council held four meetings during the session, on November 19th, 1948, and February 18th, May 20th and September 16th, 1949.

The General Purposes Committee held four meetings and special committees on the training of health visitors, hygiene of catering establishments and on various other special subjects also held meetings during the session.

Important Matters Arising During the Session

This session saw on July 5th last the completion of the first year of the National Health Service which had, especially in the preparatory stage, caused so much extra work and anxiety in the Public Health Service. Scrutiny of the reports of the Council and General Purposes Committee published during the year will indicate the extent to which administrative difficulties in the inaugural period of the new service have been constantly under review. Question of liaison with the hospitals which had been raised before the appointed day with the Chief Medical Officer, Ministry of Health, were again in the forefront and we were glad to be informed recently by the Chief Medical Officer that Regional Boards would be requested to give information in future to medical officers of health in regard to cases of infectious disease admitted to hospital, with special reference to the final diagnosis. On the question of information being passed by hospitals to local authorities on the discharge of children of school age, there was an interesting discussion between representatives of the Council and of the Central Ethical Committee of the B.M.A., when a large measure of agreement was reached. If confirmation to the suggested procedures is given by the Council of the B.M.A. we propose to make further representations to the Ministry of Health about hospital information to health departments about under-fives, school children and adult cases discharged from hospital and requiring after-care.

The Ministry of Health received the Society's comments on the report of the Working Party on Midwives and representatives of the Society recently attended a meeting on this subject at the Ministry.

Representatives of the Society have recently been asked to give their views to the Hospital Administration Committee of the Central Health Services Council and these are being followed up in writing. Evidence was also invited for the Dale Committee set up by the

The Society of Medical Officers of Health

BALANCE SHEET

At 30th September, 1949

1948			1949			1948			1949				
£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.		
SPECIAL FUNDS—						INVESTMENTS AT COST—							
4,000	0	0	Mr. Berridge's Bequest ...	4,000	0	0	659	9	6	£650 3½% War Loan ...	659	9	6
150	0	0	Dr. Neech's Gift ...	150	0	0	250	0	0	£320 16s. 7d. 2½% Consols	250	0	0
451	10	0	Furniture ...	451	10	0	511	13	3	£500 3½% Conversion Stock	511	13	3
			4,601 10 0			483	3	6	£500 Manchester Corporation 3% Stock ...	483	3	6	
						509	9	6	£500 Birmingham 3% Stock	509	9	6	
						400	0	0	£400 3% Savings Bonds 1955-65 ...	400	0	0	
						5,600	0	0	£5,600 3% Savings Bonds 1960-70 ...	5,600	0	0	
						1,500	0	0	£1,500 3% Savings Bonds 1965-75 ...	1,500	0	0	
						1,000	0	0	£2,000 2½% Defence Bonds	2,000	0	0	
						500	0	0	£514 16s. 0d. Metropolitan 2½% Consolidated Stock	11,913	15	9	
						12,413	15	9					
ACCUMULATED INCOME—						Market Value—							
7,404	14	9	At 30th September, 1948	7,222	15	2	30th Sept., 1948, £12,574 17s. 0d.						
181	19	7	Less Excess of Expenditure over Income for the year ended September 30th, 1949	135	8	7	30th Sept., 1949, £11,427 0s. 0d.						
			7,087 6 7			FURNITURE AND OFFICE EQUIPMENT—							
						Valuation, Sept., 1947, plus additions at cost ...							
						Less Depreciation ...							
						210 0 0							
NEECH PRIZE						SUNDRY DEBTORS AND PAYMENTS IN ADVANCE							
Accumulated Income:						428 4 8							
67	10	0	Balance 30th September, 1948	72	15	0	CASH BALANCES—						
5	5	0	Add Income for year	5	5	0	At Bank ...						
			78 0 0			Petty Cash ...							
			25 0 0			338 12 8							
			53 0 0			14 5 2							
			11,845 8 9			352 17 10							
159	12	4	Bank Overdraft										
352	13	1	Sundry Creditors	792	4	11							
224	0	11	Subscriptions received in advance	156	18	6							
70	11	3	Journal Subscriptions unexpired	110	6	1							
			1,059 9 6										
806	17	7											
Hon. Treasurer.													
Executive Secretary.													
£12,792 13 11			£12,904 18 3			£12,792 13 11			£12,904 18 3				

REPORT OF THE AUDITORS TO THE MEMBERS OF THE SOCIETY OF MEDICAL OFFICERS OF HEALTH

We have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of our audit. In our opinion, proper books of account have been kept by the Society so far as appears from our examination of those books. We have examined the above Balance Sheet and annexed Income and Expenditure Account which are in agreement with the books of account. In our opinion, and to the best of our information and according to the explanations given to us, the said accounts give the information required by the Companies Act, 1948, in the manner so required, and the Balance Sheet gives a true and fair view of the state of the Society's affairs as at 30th September, 1949, and the Income and Expenditure Account gives a true and fair view of the deficiency for the year ended on that date.

DELOITTE, PLENDER GRIFFITHS & Co.,
Auditors,
Chartered Accountants.

5, London Wall Buildings,
London, E.C.2.
October, 1949.

INCOME AND EXPENDITURE ACCOUNT

For the Year ended 30th September, 1949

EXPENDITURE				INCOME			
1948		1949		1948		1949	
£	s. d.	£	s. d.	£	s. d.	£	s. d.
PREMISES—				SUBSCRIPTIONS			
200	0 0	200	0 0	3,404	19 2	3,481	11 9
3	16 10	3	8 0	INCOME RECEIVED FROM INVESTMENTS (less tax)—			
23	7 9	12	8 0	On £514 16s. 0d. Metropolitan 2½% Consolidated Stock			
33	14 0	33	0 0	7	1 8	7	1 8
15	0 0	26	0 6	12	10 3	12	10 3
275	18 7	274	16 6	On £650 3¼% War Loan			
STAFF—				4	8 4	4	8 4
747	15 5	538	16 5	On £500 3¼% Conversion Stock			
42	0 0	42	0 0	9	12 6	9	12 6
543	11 10	806	0 8	On £500 Manchester Corporation 3% Stock			
26	0 0	27	0 0	8	5 0	8	5 0
1,359	7 3	1,413	17 1	On £500 Birmingham Corporation 3% Stock			
GENERAL—				6	12 0	6	12 0
154	17 6	75	0 0	On £400 3% Savings Bonds, 1955-65			
121	1 8	49	12 11	92	8 0	92	8 0
124	18 11	164	2 0	On £5,600 3% Savings Bonds, 1960-70			
109	11 1	130	13 5	24	15 0	24	15 0
58	17 7	140	17 10	On £1,500 3% Savings Bonds, 1965-75			
17	5 3	13	7 6	24	10 6	27	10 0
52	10 0	62	10 0	On £2,000 2½% Defence Bonds			
431	0 4	656	0 4	8	5 0	201	7 9
5	5 0	5	5 0	RENT—			
99	1 7	—	—	Sundry Lettings			
1,374	8 11	1,287	9 0	2	2 0	—	—
PRODUCTION OF JOURNAL (for Receipts see contra)—				JOURNAL ACCOUNT—			
1,384	13 3	1,500	3 4	28	13 3	23	0 1
25	2 8	45	11 6	236	12 1	303	2 10
250	0 0	250	0 0	38	19 6	38	16 0
83	15 6	55	6 10	1,527	2 0	1,544	2 10
150	0 0	150	0 0	1,831	6 10	1,909	1 9
18	8 8	18	8 8	181	19 7	Balance: being excess of Expenditure over Income for the year	
174	5 0	166	3 5			135	8 7
2,086	5 1	2,185	13 9				
PROPORTION OF SUBSCRIPTIONS PAID TO BRANCHES—							
7	12 6	12	17 6				
12	5 0	13	0 0				
40	15 0	39	12 6				
32	5 0	32	2 6				
15	10 0	16	5 0				
13	15 0	13	0 0				
9	10 0	8	17 6				
23	10 0	22	12 6				
15	12 6	18	15 0				
9	5 0	9	15 0				
9	12 6	9	17 6				
13	2 6	13	15 0				
21	17 6	19	17 6				
2	18 6	2	18 6				
43	0 0	49	5 0				
270	11 0	282	11 0				
260	10 0	283	2 6				
PROPORTION OF SUBSCRIPTIONS PAID TO GROUPS ...							
£5,627	0 10	£5,727	9 10	£5,627	0 10	£5,727	9 10

Prime Minister to make recommendations about the setting up of a comprehensive health service in industry.

The Ministry of Food has been particularly active in asking the comments of the Society on new Milk and Dairies Regulations and on questions of composition of foodstuffs.

The County M.O.H. and County District M.O.H. Groups of the Society set up a small committee to consider the question of decentralisation of functions under Part III of the N.H.S.A. This committee found that there was a lack of information as to how far decentralised administration had been introduced by the counties and the two Groups concerned reported to the Council that they proposed to issue a questionnaire to all county medical officers of health and there has been a complete return of replies. The information so obtained has now been analysed and is expected to produce conclusions which may be of great importance in the future developments and prospects for county divisional medical officers.

Salaries and Conditions of Service

We regret that we are unable to report by the end of the Session 1948-49 that any Medical Functional Council or Committee of it to deal with public health negotiations has yet been set up. As is well known, a large part of the session was passed during the period when the local authority associations were not prepared to discuss Whitley machinery, and the B.M.A. therefore imposed an embargo on the publication of advertisements of public health appointments. At the time of this report we still await the calling of the preparatory meeting of all parties concerned at the Ministry of Health.

Discussions between the consultants section of the profession and the Ministry of Health have done much to clear the position regarding the forms of arbitration which will be available when the management and staff sides fail to reach any agreement. We hope that salary improvements to bring the public health service nearer to the levels of the other sections of the profession based on the Spens report will at least be achieved before any national retrenchments are undertaken. Otherwise we fear that recruitment to public health work will suffer severely.

The Tuberculosis and Fever Hospital Groups

During the year we have been concerned with the future of the two groups of members in the Society who in the case of Tuberculosis Officers and sanatorium medical officers have been mainly, and of the fever hospital whole-time medical officers entirely, transferred to Hospital Service under the Regional Hospital Boards. The necessity to obtain proper grading of these officers in the new scheme of things led us to suggest to the British Medical Association that specialist groups should be set up within the Association's framework. This had led to the recent inauguration of Tuberculosis and Diseases of the Chest Group in the B.M.A. with representation on the Central Specialists and Consultants Committee. In the case of the whole-time fever hospital medical officers it was felt by the B.M.A. that the numbers were not sufficiently great to justify the setting up of a specialist group, but their interests are still being watched by us.

It was gratifying that both the Groups which have been part of the Society's organisation since 1921 decided to continue their existence even with diminishing numbers. We particularly value this method of contact with the Tuberculosis and Fever Hospital Services outside official channels.

Refresher Courses and Clinical Meetings

We have welcomed the continuation during the session under review of the refresher courses and clinical meetings organised by Groups of the Society. The M.C.W. Group has held one provincial clinical week-end at Leeds and one at London following the M. & C.W. conference; the School Health Service Group held a further successful refresher course for assistant school medical officers at the London School of Hygiene in April and a course for more senior S.M.O.s at Bristol. The demand for such courses indicates the wisdom of the extension to County District M.O.s.H. and of the joint meeting with the British Paediatric Association to be held in the coming session.

Subscriptions to the Society

We regretted the necessity of deciding to raise the subscriptions to the Society by a half-guinea all round (with the exception of retired members) to come into operation for the session 1949-50. The Hon. Treasurer's statement published as an editorial in July

PUBLIC HEALTH made the reasons for this step quite clear and we trust that all members will feel that the additional outlay will be justified by the Society's general usefulness.

The Retiring President

Prof. R. H. Parry's year of office was interrupted for part of the session by his absence in Greece on the important mission referred to above. He was, however, present for several of our meetings and his original approach to public health problems has been of great value to the Society. Although it was impossible to hold the annual luncheon or dinner during the actual term of office he will be associated with the new President at the dinner to be held on November 24th.

Other Officers and Chairmen

Thanks are also due to Dr. F. Hall, Prof. Johnstone Jervis and Dr. R. H. H. Jolly, who have served as Vice-Presidents, and to Sir Allen Daley, who has carried a particularly heavy burden as Chairman of Council. Dr. James Fenton has happily returned after his illness to carry on his duties as Honorary Treasurer and to relieve Dr. Cecil Herington, who had kindly acted as Acting Treasurer during his absence. Dr. J. M. Gibson has again put in much time and work as Chairman of the General Purposes Committee and several members of the Council have also given much time to the Public Health Committee of the B.M.A.

Retiring Members of Council

The annual re-elections involve the retirement of Drs. W. A. Bullough, H. A. Bulman, N. E. Chadwick, J. E. Spence and Prof. A. Topping.

Dr. Bullough, who retired from the post of County Medical Officer, Essex, during the session, has for long been a member of your Council and a representative on the B.M.A. Another with long service on your Council has been Dr. J. E. Spence, who has now given up the Hon. Secretaryship of the North-Western Branch on his approaching retirement. Both these members will be particularly missed.

Staff

As from April 1st last the Executive Secretary has divided his time equally between the work of the Society and that of the publishers of *The Medical Officer* and *Better Health*. This was enabled by the appointment as Council and Committee Clerk of Mr. S. R. Bragg. Mr. Elliston is still available every afternoon at the Society's office and whenever called on for Council or Committee meetings and conferences or delegations.

We again express our thanks to the staff of the central office for their cheerful performance of the large volume of business which has had to be carried through during the session.

REPORT OF THE HONORARY TREASURER

I beg to submit the audited accounts of the Society for the year ended September 30th, 1949.

My first duty is to thank Dr. Herington, who kindly acted as Honorary Treasurer during my absence from July to December last year.

As shown in the Annual Report of the Council, the year has seen a further increase in the membership figures with a consequent increase in the subscription income of £76. Income from investments is down by £5 due to reduction of interest by conversion of £1,000 Defence Bonds from 3 to 2½%. The Journal account shows an increase in Revenue of £78. The total income was £150 higher than last year's, and at £5,592 1s. 3d. is a new record in the history of the Society.

As foreseen in my interim report to the Council, expenditure shows an increase over last year.

Staff changes have resulted in an increase of £55 in salaries, members' travelling expenses are increased by £25 as also are postal and telephone charges. Miscellaneous expenses are also increased due to staff health insurance contributions £60, legal drafting of the revised Articles of Association £10, and theft from the central office £8. Journal expenses are increased by £100.

These increases, however, are partly offset by decreases in the cost of printing the Roll of Members, half thereof only being chargeable this year, and in the cost of general printing.

There has been no annual luncheon or dinner held during this year.

The year's working shows a deficit for 1948-49 of £135 8s. 7d. (less by £45 than the deficit for 1947-48).

We must, however, reckon that future expenditure will be higher than that for 1948-49, despite all possible economies. Staff expenditure must be increased to allow for increments, and rent will be greatly increased when occupation of the new office in the South extension is taken up. The annual dinner usually costs the Society approximately £100. Expenditure on furniture for the new office must be anticipated, although the cost will be spread over a number of years.

Printing costs cannot be expected to decrease, in fact the reverse is probable. Other expenditure cannot be curtailed and, if work in connection with Refresher Courses and requests for evidence and other enquiries from Government Departments continue at their present rate, it will be necessary to increase the staff by the appointment of a junior typist. On the other hand it is hoped that with the present staff the auditors' annual accounting charges of £42 will not recur, and possibly the high audit fee may be reduced.

The new rates of subscription should increase the Society's income by approximately £1,000, and I sincerely hope that next year we may see a return to the days when expenditure was more than met by income and when it was possible to increase income by investing a surplus instead of decreasing it by reducing the invested capital.

The obvious method of ensuring the Society's financial future is for all members to do their best to see that all their colleagues in public health work support us by their membership. Once again I would point out that our hard pressed staff can be relieved of much unnecessary work if all members will pay their subscriptions early in the session.

(Signed) JAMES FENTON.

REPORT OF THE EDITOR OF "PUBLIC HEALTH"

I beg to present a brief report on Volume 62 of *Public Health* covering the session 1948-49. The journal has to stand the scrutiny of members throughout the year and it is not therefore necessary to refer to its contents, which it is hoped have satisfied the varying interests of different sections of the Society.

The editorial pages in this volume totalled 254 compared with 252 in Vol. 61. Paper has been available for larger issues, but in view of the cost involved and of production difficulties it was decided not to increase the size of the monthly issues or to change back to the larger sizes of type employed before the war.

CANDIDATES FOR ELECTION, NOVEMBER 24th, 1949

The following, who have been duly nominated, will be balloted for :-

The abbreviations in first column indicate the Branches to which candidates wish to be attached, viz.: Met. (Metropolitan); Sc. (Scottish); Wa. (Welsh); E.A. (East Anglian); H.C. (Home Counties); Mid. (Midland); N. (Northern); N.I. (Northern Ireland); N.W. (North-Western); S. (Southern); W.E. (West of England); Y. (Yorkshire); E.M. (East Midland). Overseas members are marked N.S.W. (New South Wales) or C.O. (Central Office).

Branch	Name	Address	Appointment	Proposer & Second
N.I.	Allison, Victor Douglas, M.D. (BELF.), D.P.H.	36, Cadogan Park, Malone Road, Belfast	Dir. of Lab. Services, N.I. Hospitals Authority	G. A. W. Neill C. R. Murdoch
Met.	Burgess, Anne, M.B., Ch.B., L.D.S.	52, Nottingham Place, London, W.1	Asst. Medical Adviser, C.C.H.E.	W. L. Burgess A. A. Fulton
Met.	Burton, Lucas John Harmsworth, B.A., M.R.C.S., L.R.C.P., D.P.H.	C.C.H.E., Tavistock House North, Tavistock Square, London, W.C.1	Deputy Medical Adviser, Cent. Council for Health Education	H. C. Maurice Williams
E.A.	Guild, Alexander Brown, M.B., Ch.B. (EDIN.), D.P.H., D.I.H.	Local Health Office, East Dereham, Norfolk	A.C.M.O.H., Norfolk, and M.O.H., East Dereham U.D., and Mitford and Launditch U.D.	E. K. Macdonald T. Riddick-West C. Warden Orr
Met.	Guymer, Ronald Frank, M.A., M.D. (CAMB.), D.P.H.	London School of Hygiene & Tropical Medicine, Keppel Street, London, W.C.1	Rockefeller Medical Fellow	G. M. Frizelle H. D. Chalke
E.M.	Hall, James William, M.D., B.S. (LOND.), B.H.V., D.P.H.	422, Loughborough Road, Birstall, Leicester	M.O.H., Barrow-on-Soar R.D.C.	G. H. Gibson John R. Byars
H.C.	Hartston, William, M.D., B.S. (LOND.), M.R.C.P., D.P.H., D.T.M. & H.	Middlesex County Health Dept., 10, Great George Street, London, S.W.1	Dep. M.O.H., Middlesex	J. F. Macgregor E. Madeley
N.W.	Longbottom, Donald, M.B., Ch.B. (MANCH.), D.P.H.	269, Roadside Road, Royton, near Oldham	Divl. M.O. & M.O.H., Altrincham Div., Cheshire C.C.	T. Holme T. Seymour Jones
E.M.	McWilliams, Lionel Francis, M.B., B.Ch. (BELF.), D.P.H.	35, Johnson Ave., Hucknall, Notts	M.O.H., Hucknall U.D.	J. A. Stirling J. S. Hamilton
H.C.	Prothero, Ruth, M.D. (EDIN.), L.R.C.P. & S.	1, Orland Road, London, S.W.4	A.M.O., M.C.C., Area 9	A. Morrison K. Hart
Met.	Smith, Robert Arthur Gordon, M.B., B.S. (LOND.)	21, West Kensington Court, W 14	Industrial M.O., Carreras Ltd.	G. M. Frizelle H. D. Chalke

I should like to take this opportunity of thanking Hon. Secretaries of Branches and Groups for their co-operation in preparing interesting reports of meetings and discussions, and to apologise for the occasional delays in publishing them.

G. I. C. ELLISTON,
Editor.

ORDINARY MEETING

An Ordinary Meeting of the Society was held in the Hastings Hall, Tavistock House, London, W.C.1, on Thursday, October 20th, 1949, at 5.30 p.m. The retiring President (Prof. R. H. Parry) took the chair at the beginning of the meeting and signed the minutes of the last meeting as a correct record.

Apologies for absence were received from Dr. G. F. Buchan, Sir George Elliston and Dr. James Fenton.

The retiring President then proceeded to install Dr. H. C. Maurice Williams, O.B.E., as President for the session 1949-50 and to invest him with the badge of office, with sincere wishes for a happy and successful year.

The President now took the chair and called on Dr. Frederick Hall, Vice-President, to move a vote of thanks to his predecessor. Dr. Hall said that Prof. Parry had been a somewhat roving President, but that his travels in Greece, with its traditions of intelligence and physical beauty, to advise on developments of medical services in that country had enhanced the prestige of the Society. His presidency had been a stimulating one and he had great pleasure in proposing a hearty vote of thanks. This was seconded by Dr. Arthur Massey in cordial terms and carried by acclamation. In his reply, Prof. Parry said that he had been very conscious of the friendship and support of his colleagues in the Society, particularly of Sir Allen Daley, who, as Chairman of Council, carried so much of the burden, and of the staff.

The meeting proceeded to the election of the following candidates as Fellows of the Society: Abernethy, William Russel, M.B., B.Ch., B.A.O., D.P.H.; Battersby, John, M.B., Ch.B. (GLASC.), D.P.H.; Duncan, Eric Henry Weir, M.B., Ch.B. (ABERD.), D.P.H.; Farquhar, Robert Warrander, B.Sc. (AGRIC.), M.B., Ch.B. (ABERD.), D.P.H.; Hay, James R. W., M.D. (ABERD.), D.P.H.; Hay, Margaret Ann, M.B., B.Ch. (ABERD.), D.R.C.O.G., D.C.H.; Insh, Alice Margaret, M.B., Ch.B. (GLASC.), D.P.H.; Roberts, George Hugh Browne, M.B., B.Ch., B.A.O., D.P.H.; Scott, Robert W., Lt.-Col., O.B.E., R.A.M.C., M.B., B.S. (DURH.), D.P.H.; Thompson, Elizabeth, M.B., Ch.B. (EDIN.), D.P.H.; Whitman, Arthur Robert, M.B., Ch.B. (LIV.).

Several nominations for the next election were received.

The following, having been recommended by their Branches and the Council, were then elected as fully paid Life Members:—
Home Counties Branch.—Dr. W. A. Bullough (formerly C.M.O.H., Essex C.C.): joined Society 1916.

Southern Branch.—Dr. A. E. Druiitt (formerly A.C.M.O.H., Hants C.C.): joined Society 1923.

Welsh Branch.—Dr. R. H. Tighe (formerly M.O.H., Swansea C.B.): joined Society 1920.

The President then delivered his address entitled "Bridging the Gap" (printed on pages 21 to 23) which by his suggestion was followed by a short discussion. This and the vote of thanks proposed by Sir Wilson Jameson and seconded by Sir Allen Daley are reported on page 23.

The meeting adjourned at 6.45 p.m.

EAST ANGLIAN BRANCH

President (1948-49): Dr. Hilda Hay (C.M.O.H., Isle of Ely).

Hon. Secretary: Dr. Alison J. Rae (Dep. C.M.O.H., West Suffolk).

Hon. Treasurer: Dr. T. A. H. Smith (Asst. C.M.O.H., West Suffolk).

A meeting of the Branch was held at "Cloncurry," Felixstowe, Suffolk, on Saturday, July 23rd, at 3.30 p.m.

A letter from the President was read, regretting that she was unable to attend owing to the change in the date of the meeting. In her absence the chair was taken by Dr. D. E. P. Jolly.

Dr. S. T. G. Gray, Deputy County Medical Officer for East Suffolk, was unanimously elected President of the Branch for the ensuing session; and Dr. T. Ruddock West, the present representative on the Council of the Society, and the Hon. Secretary and Hon. Treasurer were asked to continue in office for another year.

A letter from the Executive Secretary announcing the decision of the Council to make an additional grant of £5 towards the expenses of the Branch was received with approbation, and it was decided that in future each member present at a meeting should be asked to contribute 1s. 6d. towards the cost of tea.

It was agreed that the congratulations of the Branch should be sent to Dr. A. Leslie Banks on his election to the chair of Human Ecology at Cambridge. It was also agreed that he should be asked to address the Branch on this subject at a meeting to be held in Bury St. Edmund's in October.

The members were then shown over the house and extensive grounds of "Cloncurry," which is a home for aged blind persons provided by the East and West Suffolk County Councils and East and West Suffolk Voluntary Associations for the Blind. The beautiful gardens, decorations and furnishings were much admired, and members took the opportunity of enquiring into matters relating to the setting up and running of a home for this type of handicapped person.

SOUTHERN BRANCH

President (1948-49): Dr. G. Chesney (M.O.H., Poole M.B.).

Hon. Secretary: Dr. H. C. Maurice Williams, O.B.E. (M.O.H., Southampton C.B.).

A meeting of the Branch was held at the Infectious Diseases Hospital, Milton Road, Portsmouth, on Monday, July 11th, 1949. Twenty-two members and two visitors were present.

The First Seven Months' Work in a 12-Bedded Streptomycin Unit

Dr. I. M. McLachlan, in conjunction with Dr. A. B. White and Dr. W. B. O'Driscoll, gave a talk on the work carried out at the Streptomycin Unit, Infectious Diseases Hospital, Portsmouth, from November, 1948, to the present time, and the following is a summary of his talk:—

This hospital was recognised in November, 1948, as a unit for the treatment of certain types of tuberculosis (tuberculosis meningitis, miliary tuberculosis and acute pneumonic tuberculosis) with streptomycin. In all eight beds were reserved for these cases and the accommodation has, subsequently, been extended to 14.

A short résumé of the properties of streptomycin was given, such as the action on bacteria, the rate of absorption and excretion, the method of administration and dosage.

A brief comment was given on the reactions to be expected especially kidney damage and neurological disturbances, such as vestibular dysfunction and deafness; also comments on sensitivity reaction, including various types of rashes. A recommendation was made that nurses should wear gloves when preparing and giving streptomycin.

Tuberculous Meningitis.—A most interesting and instructive paper was read on the diagnosis and treatment of tuberculous meningitis. A review was given on the pathology before, during and after treatment by streptomycin. The early diagnosis of tuberculous meningitis was discussed in detail, with special reference to

the interpretation of the Mantoux test and the early abnormalities in the cerebro-spinal fluid.

The routine that has been adopted in the unit for the treatment of tuberculous meningitis lasts for six months. It is divided into an initial nine weeks of combined intrathecal and intramuscular therapy. The remaining 17 weeks' treatment consists of intramuscular injections alone. A period of complete rest from streptomycin treatment intrathecally, at frequent intervals, was recommended, because streptomycin itself produces an irritation in the meninges. Therefore, continuation of streptomycin treatment by this route will maintain C.S.F. abnormality. If the C.S.F. does not show any improvement after a fortnight's break in intrathecal injections, or if the clinical condition deteriorates, the indication is for further intrathecal therapy. Streptomycin is continued intramuscularly for six months in all cases, on the assumption that there may be a portal of entry which needs treatment.

Details were given of seven cases of tuberculous meningitis treated by streptomycin; of the seven, three have survived. One of these three has a hydrocephalus.

The prolongation of life and clinical improvement which streptomycin is able to effect in tuberculous meningitis are something quite new in the history of the disease, but the long period of treatment and subsequent observation which are necessary must delay any final conclusions as to its efficacy.

It was stressed that streptomycin treatment should not be lightly undertaken, unless full laboratory facilities for controlling the clinical pathology are available. Extra nursing is required and, from the patient's point of view, there will be a course of intramuscular injections lasting six months apart from intrathecal injections, massage and general tonic treatment. Only the fullest co-operation of all concerned can give streptomycin the optimum trial it richly deserves.

Pulmonary Tuberculosis.—Twenty cases of pulmonary disease were treated, the dosage being 1 gm. b.d. initially, but later 0.5 gm. b.d. has been the usual dosage. Streptomycin blood levels have varied between less than 1 to 8 units per c.c. Dosage has been increased when the blood level was under 1 unit. In no case has drug-fast organism been isolated.

Three cases were miliary tuberculosis. One is now quite clear, one is still under treatment and has developed meningitis, and one who had a miliary spread from an ulcer of the tongue now has a perfectly healed tongue, but old fibroid phthisis is active again although the miliary spread has largely resolved. Fifteen cases were of acute broncho-pneumonic disease, of which seven have received appropriate collapse therapy at times varying between two to six weeks after commencement of streptomycin. Of the remaining eight, four have cleared satisfactorily without any collapse therapy and four are still under treatment.

Two cases of tracheo-bronchial disease were transferred from other hospitals to continue streptomycin treatment, and the results of these are not yet known.

On these small numbers the impressions obtained are:—

(1) That streptomycin is of enormous value in enabling collapse therapy to be commenced, with safety, at an early stage.

(2) That the earlier and more acute the disease, the greater is the response to streptomycin.

(3) That streptomycin is of great value in treatment of tuberculous ulcers of the tongue, in addition to laryngeal tuberculosis.

A hearty vote of thanks to Dr. I. M. McLachlan, Dr. A. B. White and Dr. W. B. O'Driscoll for their very interesting paper was proposed by Dr. W. J. Hart.

MATERNITY AND CHILD WELFARE GROUP

President (1948-49): Dr. V. Freeman (M.O.H., Islington Met.B.).

Hon. Secretary: Dr. Ann Mower White (A.D.M.O., L.C.C.).

Post-Graduate Week-end, June 25th and 26th, 1949

Seventy-five members attended a post-graduate week-end in London on June 25th and 26th, following the Maternity and Child Welfare Conference.

Gastro-enteritis

The programme started on Saturday morning, June 25th, at Great Ormond Street Hospital where Dr. Lawson and Dr. Black spoke on the gastro-enteritis unit and of the gastro-enteritis "Flying Squad" which has been operating from the hospital during the last few months. This flying squad comprises trained personnel and a van carrying all equipment necessary to set up a unit in any part of the country, where for lack of local facilities to meet a sudden outbreak of infection their services may be needed.

Dr. Lawson described the unit and outlined the routine treatment carried out in the hospital. The unit contains eight small cubicles

with single cots and a larger playroom with two cots. It has its own separate utility rooms and a separate nursing staff.

It has been found impossible in practice to distinguish at the outset which cases are infective in origin and which cases are symptomatic of other illnesses. Thus both types are found in the unit. Very rarely in fact is it possible to discover any pathogen in the stools or rectal swab. Once only in six months has this been possible.

In considering the treatment of gastro-enteritis it is essential to remember that in this disease there is an acute upset of water metabolism and electrolyte balance. Chlorides are lost in the loose stool and the vomit, leading to a tendency to alkalosis, while loss of base in the stool tends to acidosis. Of the two acidosis is most likely to predominate. In all but mild cases the blood chloride should be estimated. The normal level is 600 mgm. per ccm.

For mild cases it is necessary only to ensure an adequate fluid intake. Half strength Hartman's solution is given by mouth, 2½ oz. per lb. body-weight four-hourly. If progress is satisfactory after 24 hours the baby is started on one-sixth to one-quarter strength normal dried milk increasing to full strength in 48 hours.

All cases which are dehydrated on admission, and mild cases which do not respond to treatment within 24 hours, should be put on a drip consisting of one-half strength Hartman's solution with 5% glucose. The water deficit should be made up within 12 hours. This will usually necessitate giving 2 oz. per hour for 12 hours. Afterwards they can be put on the normal intake.

Jaundice may develop in cases which are doing badly as a result of protein starvation. Protein should then be given as soon as possible by including serum or plasma in the drip. Serum is used for preference.

Cases which develop acidosis (where the blood chloride level is 650 or over) are treated with 100 ccm. of six molar sodium lactate. Cases of alkalosis with a blood chloride level below 550, are given 100 c.c. of one-third strength normal saline.

It has been observed that in severe cases the potassium blood level is low, though the mechanism by which this is brought about is not understood. Grm. 1 of a potassium salt should be given by mouth or intravenously and repeated on the following day.

Dr. Black spoke of the routine investigations which are carried out on every baby on admission. Rectal and throat swabs are taken. Rarely are any pathogens found in the rectal swab, but occasionally the throat swab will reveal an acute throat infection. A blood specimen is taken by finger prick or jugular puncture and the red and white cell count and haemoglobin level determined. The urine is examined and in some cases a diagnostic myringotomy performed.

Dr. Black thought that fluids were best given by the intravenous route rather than by any other of the parental routes, and he showed the instruments which were necessary for successful intravenous therapy.

Afterwards members had the opportunity of seeing the unit and the "Flying Squad" van.

Speech Defects

On Saturday afternoon members divided into two groups. One group of 30 visited the Moor House Residential School for Speech Defects.

This school is the first of its kind to be opened in Great Britain and second only in the world. It is established as a research and training unit, and as a residential school at which selected children are given intensive speech therapy in conjunction with their ordinary education.

The work of this school is complementary to that undertaken by the school clinics under local education authorities, and it is recognised that four types of case should benefit from residential treatment. These are:—

- (a) Children suffering from aphasia;
- (b) Children who have undergone cleft palate operations and need regular and frequent speech therapy immediately after operation;
- (c) Children with defects of articulation (in particular due to cerebral palsy) where there is no complication of mental defect or serious physical disability;
- (d) Children with certain other types of speech disorder, the causes of which are by no means established. These demand full clinical investigation and intensive treatment.

The school accommodates 30 children between the ages of five and 12 and its pupils are carefully selected and put forward for consideration by the medical officer in charge of school clinics all over the country. The final choice is made by a selection board composed of a physician, surgeon, speech therapist psychologist and educationalist.

The Director of the school, Mr. Hudson Smith, gave this short résumé of the work of the school and then two speech therapists

explained their work. Records of the children's speech are made at regular intervals and these show in concrete permanent form that there is a marked and continuous improvement in almost every case. Carefully planned educational tests also show that the same satisfactory results have been obtained in the school room. A self-contained block of treatment rooms is equipped with the most modern requirements for speech therapy, including recording apparatus and an audiometer for testing hearing. The school does not cater for the child whose speech is defective through partial loss of hearing, although on our visit there were some cases present, but these are not being allowed to stay.

We were then divided into three parties, and a speech therapist demonstrated the actual cases.

The school is situated in beautiful surroundings, with five acres of gardens and woodland, and the layout of the bedrooms and classrooms is such as to create an atmosphere of "home."

After an intensely interesting afternoon we were entertained to tea by the Director.

Skin Diseases

The other members visited the Goldie Leigh Hospital for skin diseases at Woolwich where they were welcomed by Dr. Standing (M.O.H., Woolwich) and by the medical officer, Dr. Holmes. This hospital school admits from any part of the country children with skin disease for in-patient and treatment and education. Most cases are of long standing and the eczemas comprise the biggest single group of cases.

Sir Archibald Gray, consultant to the hospital, spoke on eczema and other less common skin diseases and demonstrated cases.

There are two types of eczema. Firstly, the exudative or non-infective type, which starts in the first three months of life, equally in bottle and breast fed babies, mostly in the prominent parts of the face, i.e., the cheeks and the forehead. It is probably frictional in origin and is most common in the cold weather when the skin is subject to extremes of temperature. Most cases will clear up during the summer of the second year, but some may pass on to the secondary stage of flexural prurigo. This is a chronic condition seen in the dry flexures (knee and elbow). The moist flexures (axilla and groin) usually escape.

This is no proof that these cases are allergic in origin. It appears more likely that they are due to friction of a sensitive skin.

There is no specific treatment but it is important to prevent the child scratching or rubbing its skin and splinting may be necessary. Soap and water should be avoided as far as possible and oil used for cleansing instead. It is probably wise to keep the child on a low diet. Internal hydrochloric acid has been used with doubtful benefit. Sedative drugs are rarely necessary.

Tar is the only local application which has any beneficial effect, preferably crude tar 3 to 5% made up in Lassar's paste. It should be spread on a mask and fixed in position.

Tar may also be used for secondary cases. Small doses of x-rays are valuable for cases which persist.

Infective eczema, also known as seborrhoeic eczema, starts later in childhood, nearly always in the scalp, and is associated with weeping, crusting and scaling. The infection spreads round the ears and down the neck and is frequently found on moist flexures. Bland ointments such as zinc and castor oil cream suit most cases, but for the red and weeping type of case oily preparations should be avoided. Boric dressings will then clear the infection as quickly as any other treatment.

Sir Archibald demonstrated cases of both types of eczema, and several other rarer types of skin disease. He also showed the detection of active ringworm of the scalp by means of Wood's glass.

Afterwards members were entertained to tea by the matron of the hospital, Miss McFall.

Spastic Palsy

The course ended on Sunday morning, with a visit to Queen Mary's Hospital, Carshalton, where Dr. Agassiz, medical superintendent to the hospital, read a combined paper written by Mr. Bjerhoel and himself on Spastic Palsy.

The attitude towards this condition has changed since it has been realised that much can be done for these children by special training in muscular control. It is, however, very important that they should be diagnosed as soon as possible for satisfactory results can only be achieved when treatment is started early. With careful observation it should be possible to spot these cases by the time the baby is six months old.

Dr. Agassiz described the early signs of cerebral palsy and compared the reactions of the affected baby with those of the normal baby. He also contrasted the spastic type of case with the athetoid type. He and Mr. Bjerhoel demonstrated examples of both types in children who were undergoing treatment at the hospital.

TUBERCULOSIS GROUP

A meeting of the Tuberculosis Group Committee was held at 10 a.m. on Friday, September 16th, 1949, at the rooms of the Society.

The President occupied the chair and there were present Drs. G. B. Charnock, R. M. Orpwood, J. G. S. McQueen, S. H. Graham, J. W. Wilson, W. B. Christopherson, B. R. Clarke, H. Ramsay, C. K. Cullen, G. W. H. Townsend, P. W. Edwards and R. L. Midgley.

The letter from Dr. Cormack published in the September number of PUBLIC HEALTH was discussed. Drs. Edwards and Midgley offered to conduct an experiment on contamination of ice cream with tubercle bacilli. It was decided to inform the Council of our interest and action in this matter.

The Council representative (Dr. Cullen) presented his report. It was decided to inform the Council that the Committee considers that in its letter published in the June number of PUBLIC HEALTH the Ministry of Health has failed to appreciate that it is some general and teaching hospitals which fail to notify medical officers of health of the admission and discharge of tuberculous patients, thereby causing difficulty in the proper management of these patients by the Tuberculosis Service.

The Joint Tuberculosis Council representative presented his report. In addition to noting the important business which had been conducted special pleasure was caused by the fact that Dr. P. W. Edwards is now chairman of the Joint Tuberculosis Council.

The Committee discussed the British Medical Association's plan to set up a Tuberculosis and Diseases of the Chest Group and as many members of the Committee as possible were urged to attend the inaugural meeting. It was decided to write to the Secretary of the B.M.A. asking what steps the Council of the Association is taking to implement the Gateshead resolution at the annual representative meeting of the Association at Harrogate, and to request that this matter be placed on the agenda for the first meeting of the new group.

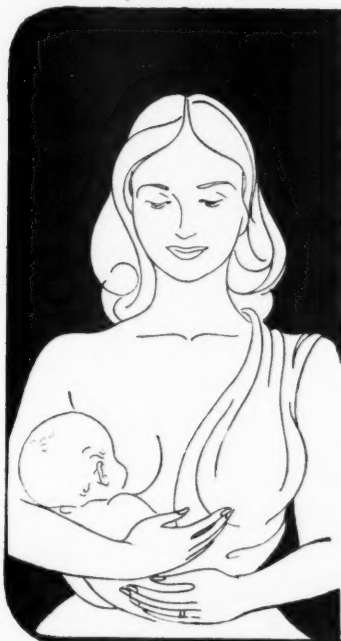
A discussion took place on grading anomalies and kindred matters. The next meeting of the Committee will take place at 10 a.m. on Friday, November 18th, 1949, at the rooms of the Society.

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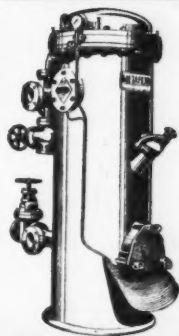
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